

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County.

*Garrett*

(130)

Registration Dist. No. *169*

7804

Village or City.

*Deer Park*

St.

Ward

Length of residence in city or town where death occurred *12* yrs.mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

## 2. FULL NAME

*George Washington Barnard*

If U. S. Veteran, specify WAR

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male *White*

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
*Widowed*6e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of*Isabell Susan Barnard*

6. DATE OF BIRTH (month, day, end year)

*April 9 1862*

7. AGE Years

75 *3* *13*Months Deys  
If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)*1927* *11. Total time (years)*  
spent in this  
occupation *20**Miner*12. BIRTHPLACE (city or town)  
(State or country)*Mt. Snow  
Garrett Co*

## MOTHER FATHER

13. NAME *George Barnard*14. BIRTHPLACE (city or town)  
(State or country)*Garrett Co Md*15. MAIDEN NAME *Savine Hueston*16. BIRTHPLACE (city or town)  
(State or country)*Hart Highgate*17. INFORMANT *Charley Barnard*  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place *Deer Park* Date *July 24, 1937*19. UNDERTAKER *Otha T. Sharpless*  
(Address)20. FILED *July 23, 1937* Mrs. C. A. Lishley  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

7 - 22 -  
(Month) (Day), 1937  
(Year)22. I HEREBY CERTIFY That I attended deceased from  
*7-15-37*, 1937, to *7-22-37*, 1937I last saw him alive on *7-15-37*, 1937; death is said  
to have occurred on the date stated above, etc., *1305* m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Emphysema  
With heart failure  
from hypertension  
tertiary hypertension 3 days*

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify \_\_\_\_\_

(Signed) *Edward Ballou* M. D.  
(Address) *Deer Park*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	AUG 26 1937
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

7805

## 1. PLACE OF DEATH

County GarrisonVillage or City Alex. Jennings

51-C

Registration Dist. No. 162

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Wilson Billings If U. S. Veteran, specify WAR

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
--------------------	-------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Mary Billings

6. DATE OF BIRTH (month, day, and year)

Dec 11 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	4		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Jan 1936

11. Total time (years) spent in this occupation life12. BIRTHPLACE (city or town)  
(State or country)13. NAME Mary Billings14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Elizabeth Broadway16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Mary Billings

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Maple Grove Cemetery Date 7-18, 193719. UNDERTAKER Alma Winters

(Address)

20. FILED July 17, 1937 674 Bill

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 15, 1937

22. I HEREBY CERTIFY. That I attended deceased from

Jan 2, 1937, to July 15, 1937.

I last saw him alive on July 10, 1937; death is said to have occurred on the date stated above, at 5:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Metastatic carcinoma of liverDate of onset July 13, 1937

Other Contributory Causes of importance:

Carcinoma of prostate

1934

Name of operation Resection bladder tumor Date of 1935What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Bethel H. Hobson M. D.  
(Address) Salisbury, Pa.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	AUG 4 1937	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

7806

## 1. PLACE OF DEATH

County Garrett

92-2

Registration Dist. No.

166

Village or City Oakland, R. D.

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Alice Broadwater

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
---------------	------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mortimer Broadwater

6. DATE OF BIRTH (month, day, and year) April 18, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
75	3	7		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Fulton County  
Penns.

13. NAME Jonas Mellott

14. BIRTHPLACE (city or town)  
(State or country) Fulton County  
Penns.

15. MAIDEN NAME Pathena Hardings\* Lake

Unknown Fulton Co.  
Penns.17. INFORMANT Jonas Sines  
(Address) Oakland, Md. R. D.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Fulton Co. Penns. Date July 27, 1937

19. UNDERTAKER Isiah Mellott  
(Address) Needmore, Penns.20. FILED 7/26/37 Julia Rawson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 25th, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

I test saw her alive on June 1, 1937, 1937; death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Endo & Myocarditis  
Chronic Passive Congestion

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signature) N. J. Broadwater  
(Address) Oakland, Md. M. O.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
RECEIVED AUG 8 1937 BUREAU V. S.	
Other contributory causes of importance	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

7807

## 1. PLACE OF DEATH

County Garrett

Village or City Oakland

73-e

Registration Dist. No.

166

St. Ward

Length of residence in city or town where death occurred 76 yrs. 2 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Helena Johanna Dawson

(a) Residence: No. 64 Alder Street

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
---------------	------------------------	---

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Fillmore Dawson

6. DATE OF BIRTH (month, day, and year) May 20, 1861

7. AGE Years 76	Months 2	Days 11	If LESS than 1 day, ____ hrs. or ____ min.
-----------------	----------	---------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakland (State or country) Maryland

13. NAME Louis Soelter

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Sophronia E. Patachemberg

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT W. W. Dawson (Address) Oakland, Maryland

## 18. BURIAL, CREMATION, OR REMOVAL

Place Oakland, Md. Date Aug 2, 1957

## 19. UNDERTAKER Emroy D. Bolden

(Address) Oakland, Md.

20. FILED 8/1/1957 Julia Rowan Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 31, 1937 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw her alive on July 28, 1937; death is said to have occurred on the date stated above, at 5 p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Charles Fillmore Dawson

Date of onset

## Other Contributory Causes of importance:

Asthma, pleurisy

MOTHER

FATHER

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19\_\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) M. C. Finebaugh M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
RECEIVED AUG 6 1927	
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

7808

## 1. PLACE OF DEATH

County

Baltimore

(85)

Registration Dist. No.

166

St., Ward

Village or City

Langth of residence in city or town where daath occurred

yrs. mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Henry Ray Friend

If U. S. Veteran, specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male white single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Diana

6. DATE OF BIRTH (month, day, and year)

Nov. 28, 1891  
7. AGE  
Years      Months      Days      If LESS than  
55      7      7      1 day,      hrs.  
                or      min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Maryland

Anas Friend

13. NAME  
MOTHER FATHER

Samuel Friend

Baltimore Co., Md.

14. BIRTHPLACE (city or town)

(State or country)

Baltimore Co., Md.

15. MAIDEN NAME

Mary A. Friend

16. BIRTHPLACE (city or town)

(State or country)

Baltimore Co., Md.

17. INFORMANT

(Address)

Mrs. Henry Friend

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Bray, July 6, 1937

19. UNDERTAKER

(Address)

Emory D. Boddie

20. FILED

Date

July 6, 1937

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 5, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec 5, 1937, to Dec 5, 1937  
I last saw him alive on 8:00 a.m.

to have occurred on the date stated above, at 8:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Progeria, Epilepsy  
Gouty arth. & gout  
Arterial - Congenital

## Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. &amp; Broadwater M. D.

(Address) Oakland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
	SEP 8 1937	1915
Chronic interstitial nephritis		1921

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

7809

## 1. PLACE OF DEATH

County Garrett Co.

(59)

Registration Dist. No. 170

Village or City New Lonacoming, Md.

St.

Ward

Length of residence in city or town where death occurred 26 yrs.

mos.

ds.

How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mary Hibbons Green

(a) Residence: Nd.

Garrett Co. St. Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
---------------	------------------------	---

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

John Thomas Green

6. DATE OF BIRTH (month, day, and year) June 12, 1868

7. AGE Years 69	Months	Days 25	If LESS than 1 day, hrs. or min.
-----------------	--------	---------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. House Work
--

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home
---

10. Date deceased last worked at this occupation (month and year) June 25, 1937	11. Total time (years) spent in this occupation 50 yrs
---	--

12. BIRTHPLACE (city or town) Franklin	(State or country) Maryland
--	-----------------------------

13. NAME Hugh McMillian
-------------------------

14. BIRTHPLACE (city or town) Scotland
--

15. MAIDEN NAME Margaret Smith
--------------------------------

16. BIRTHPLACE (city or town) Scotland
--

17. INFORMANT John Thomas Green
---------------------------------

(Address) New Lonacoming, Garrett Co.
---------------------------------------

18. BURIAL, CREMATION, OR REMOVAL Place Green Cemetery Date July 9, 1937
--

19. UNDERTAKER David S. Board
-------------------------------

(Address) Lonacoming, Md.
---------------------------

20. FILED July 8, 1937 By G Brown
-----------------------------------

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH July 7, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 6, 1937, to July 7, 1937; death is said

I last saw him alive on July 6, 1937; death is said to have occurred on the date stated above, at 2:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Principal cause	Date of onset
Diarrhoea	
Diarrhoea, conv.	

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) Harry J. Hodges M.D.

(Address) Lonacoming, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1928

*RECEIVED  
AUG 4 1927  
BUREAU V. S.*

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

77810  
166.

## 1. PLACE OF DEATH

County GarrettVillage or City Oakland, Maryland.

(97)

Registration Dist. No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willoughly Harrison

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St., Ward:

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MaleWhiteSingle5a. If married, widowed, or divorced  
HUSBAND ofSon of Thomas & Mary Harrison

6. DATE OF BIRTH (month, day, and year)

September, 8, 1842

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.94102

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)Clarksburgh, Va.

MOTHER FATHER

13. NAME Thomas W. Harrison14. BIRTHPLACE (city or town)  
(State or country)Clarksburgh, Va.15. MAIDEN NAME Mary Platt Roberts16. BIRTHPLACE (city or town)  
(State or country)New York State17. INFORMANT Miss. Daisey Harrison  
(Address) Clarksburgh W. VA.

18. BURIAL, CREMATION, OR REMOVAL

Place Clarksburgh W. VA. Date July, 12, 193719. UNDERTAKER Emory Bolden  
(Address) Oakland, Maryland.20. FILED July, 11, 1937 Julia Rowan

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July, 10/37

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY, That I attended deceased from  
August, 1936, to July 10/37, 19I last saw him alive on June, 21, 1937; death is said  
to have occurred on the date stated above, at 6: P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

SenilityPrimary cause: Arteriosclerosis.Duration: not stated. 6 weeks.

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones

May 1, 1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

7811

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County *Baltimore*Village or City *St. George's*

B

Registration Dist. No. *168*

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *George E. Reaves*

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St., Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
--------------------	-------------------------------	--

5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of *✓*6. DATE OF BIRTH (month, day, end year) *July 31 1837*

7. AGE <i>0</i>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
-----------------	-------	--------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <i>✓</i>	10. Date deceased last worked at this occupation (month and year) <i>✓</i>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <i>✓</i>	11. Total time (years) spent in this occupation <i>✓</i>

12. BIRTHPLACE (city or town)  
(State or country) *5 M. S. E. Deep Run*13. NAME *George E. Reaves*14. BIRTHPLACE (city or town)  
(State or country) *Md*15. MAIDEN NAME *Nettie Sturm*16. BIRTHPLACE (city or town)  
(State or country) *WVA*17. INFORMANT *George E. Reaves*  
(Address) *see point 18*18. BURIAL, CREMATION, OR REMOVAL  
Place *Private family* Date *Aug 1, 1837*19. UNDERTAKER *George E. Reaves*  
(Address) *see point 18*20. FILED *July 31 1837* *Julia Reaves*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *July 31*

(Month)

(Day)

1937 (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

I last saw him *St. George's*, 19; death is said to have occurred on the date stated above, at *2:30 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Sheep Pasture  
Pneumonia*

## Other Contributory Causes of importance:

*Melgomery*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *George E. Reaves* M. D.(Address) *see point 18*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	AUG 6 1927	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

---

## STATE OF MARYLAND—CERTIFICATE OF DEATH

7812

## 1. PLACE OF DEATH

County GarrettVillage or City OaklandLength of residence in city or town where death occurred 37 yrs. 6 mos. 18 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

93-2

Registration Dist. No.

166

St. Ward

2. FULL NAME Mary Margaret Turney(a) Residence: No. 60 Third

(Usual place of abode)

No.

60 Third

St. Ward

If U. S. Veteran, specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widow</u> (write the word)
----------------------	-------------------------------	--

5e. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Turney widow

6. DATE OF BIRTH (month, day, end year) May 10 - 1855

7. AGE <u>82</u> Years	Months <u>2</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Accident, Md  
(State or country) Garrett Co

13. NAME Lelia Schlesinger

14. BIRTHPLACE (city or town) Germany  
(State or country)

15. MAIDEN NAME Margaretha George

16. BIRTHPLACE (city or town) Germany  
(State or country)

17. INFORMANT \_\_\_\_\_  
(Address)

18. BURIAL, CREMATION, OR REMOVAL  
Place Oakland Date July 26, 1937

19. UNDERTAKER Emory Bolden  
(Address)

20. FUNERAL DIRECTOR July 20, 1937 Julia Rowan  
(Address)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 18, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from Jan 37 to July 15, 1937; death is saidI last saw her alive on July 15, 1937; death is said to have occurred on the date stated above, at 10:45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  
Chronic Myocarditis

Date of onset

Other Contributory Causes of importance:  
Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John Raynor M. D.(Address) Oakland, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	AUG 8 1937	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---

---

---

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County DarrettVillage or City SnowmanLength of residence in city or town where death occurred 4 1/2 yrs.Registration Dist. No. 169

St. \_\_\_\_\_ Ward \_\_\_\_\_

No. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Hannah Elizabeth Shank If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
----------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Hanise R Shank6. DATE OF BIRTH (month, day, and year) Dec 31 1871

7. AGE <u>65</u> Years	Months <u>6</u>	Days <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hanise Shank

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 18 months

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Darrett  
(State or country) MD13. NAME Thomas F Palston14. BIRTHPLACE (city or town)  
(State or country) Pa15. MAIDEN NAME Elisabeth Hahl16. BIRTHPLACE (city or town)  
(State or country) Germany17. INFORMANT Raymond Shank  
(Address) Daughter

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Park and Date July 10, 193719. UNDERTAKER Otha F. Shankless  
(Address) Baltimore20. FILED July 9, 1937 Mrs. Obie Ashley  
Registrar. John E. Crenshaw

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 7, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from June 23, 1937, to July 7, 1937Last saw her alive on July 7, 1937; death is said to have occurred on the date stated above, at 9:25 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Embolus,

Date of onset

July 1st 1937

## Other Contributory Causes of importance:

Vagatative Endocarditis

3 yrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signature) John E. Crenshaw M. D.  
(Address) Pine Mountain Piedmont W Va.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	AUG 26 1937	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927
<i>(Handwritten note: Received)</i>		

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

7814

## 1. PLACE OF DEATH

County GarrettVillage or City OaklandLength of residence in city or town where death occurred 19 yrs.

(131)

Registration Dist. No. 14 166St. WardNo. 111 Second(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? years months2. FULL NAME Anna Gladys Van Cleve Sincell If U.S. Veteran, specify WAR(a) Residence: No. 111 SecondSt. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofCharles Milton Sincell6. DATE OF BIRTH (month, day, end year) Sept 5th, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or... min.
43	9		29	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BAKER, etc.	<u>Housewife</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>19</u>

12. BIRTHPLACE (city or town) (State or country)	<u>Kansas City, Mo.</u>
---	-------------------------

13. NAME <u>James R. Van Cleve</u>	14. BIRTHPLACE (city or town) (State or country)
------------------------------------	---

15. MAIDEN NAME <u>Alfretta Grace Black</u>	16. BIRTHPLACE (city or town) (State or country)
---	---

17. INFORMANT <u>C. Milton Sincell,</u> (Address) <u>Oakland, Md.</u>	18. BURIAL, CREMATION, OR REMOVAL Place <u>Oakland, Md.</u> Date <u>July 6, 1937</u>
--	---

19. UNDERTAKER <u>Bolden Undertaking Co.</u> (Address) <u>Oakland, Md.</u>	20. FILED <u>July 5, 1937</u> <u>Julie Brown</u> Registrar
---	---

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 4th, 1937 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov. 25, 1936, to July 4, 1937, alive on

I last saw her alive on July 4, 1937; death is said to have occurred on the date stated above, at 6:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Essential Hypertension

1930

Other Contributory Causes of importance:  
Chronic Interstitial Nephritis 1936Name of operation None Date of None  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify E. J. Murphy Bellenger Daileland M. D.(Signed) E. J. Murphy Bellenger Daileland M. D.(Address) Daileland M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

Example II

The principal cause of death and related causes of importance were as follows:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

7815

## 1. PLACE OF DEATH

County

Garrett

40

Registration Dist. No.

166

Village or City

Cecilie, Md.

St.,

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

Married

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)6e. If married, widowed or divorced  
HUSBAND of  
(or) WIFE of

Jack Smith

6. DATE OF BIRTH (month, day, end year)

July 4, 1885

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

52

0

19

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Housewife  
11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Tessa Alta

MOTHER

FATHER

13. NAME

Alice E. Freeland

14. BIRTHPLACE (city or town)  
(State or country)

Tessa Alta

15. MAIDEN NAME

Emma Leah Leighton

16. BIRTHPLACE (city or town)  
(State or country)

Salisbury

17. INFORMANT

Jack Smith

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Tessa Alta, W. Va.

Date July 25, 1937

19. UNDERTAKER

Lindsay D. Balden

(Address)

20. FILED

July 24, 1937

Julia Rowan

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 23, 1937

(Month)

(Day)

1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from  
December 1937 July 23, 1937I last saw her alive on July 23, 1937; death is said  
to have occurred on the date stated above, at 11:50 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Carcinoma of Uterus

Date of onset?

Other Contributory Causes of importance:

Chronic Cystitis

1936

Name of operation

Date of

What test confirmed diagnosis? Clinical

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury

Nature of Injury

No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dwight Vanvoastings

M. D.

(Address) Oak Island Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	AUG 6 1937	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

  

Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis 1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

---

---

---

---

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PROMINENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D. V. S. Form 2

## STANDARD CERTIFICATE OF DEATH

7816

Virginia State Department of Health

1. PLACE OF DEATH MarylandCounty GardnerTown or City Swarztor, Md.Registered No. 172(Dist. No. 9)

Street

1a. PLACE OF RESIDENCE: STATE Gardner

(If not same as place of death)

County GardnerTown or City Swarztor, Md.2. FULL NAME (Stillborn baby)

District \_\_\_\_\_ (Dist. No. \_\_\_\_\_)

No. \_\_\_\_\_ Street \_\_\_\_\_

Length of residence where death occurred yrs. mos. ds.

District \_\_\_\_\_ (Dist. No. \_\_\_\_\_)

No. \_\_\_\_\_ Street \_\_\_\_\_

(Local Registrar's Serial No. \_\_\_\_\_)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>—</u>
-----------------	---------------------------	--

5a. IF MARRIED, WIDOWED, OR DIVORCED

Husband of  
(or) Wife of —6. DATE OF BIRTH  
(month, day, and year)

7. AGE	Years	Months	Days	IF LESS than 1 day, ..... hrs. or ..... min.
<u>Newton</u>	—	—	—	—

8. TRADE PROFESSION or particular kind of work done, as spinner sawyer, bookkeeper, etc. —9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc. —10. DATE DECEASED LAST WORKED at this occupation (month and year) —II. TOTAL TIME (years)  
spent in this  
occupation.12. BIRTHPLACE (city or town) Swarztor, Md.  
(State or Country)13. NAME Sweitzer14. BIRTHPLACE (city or town) Swarztor, Md.  
(State or Country)15. MAIDEN NAME —16. BIRTHPLACE (City or Town) Md.  
(State or Country)17. INFORMANT Gardner Sweitzer  
(Address) Swarztor, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Swarztor Date 7-6-192719. FUNERAL DIRECTOR (Signature) Gardner Sweitzer  
(Address) Swarztor, Md. License No. —20. FILED July 7 1927 Legal  
Reg. No. 172

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH  
(month, day and year) July 6 192722. I HEREBY CERTIFY, that I attended deceased from —19..., to —, 19..., I last saw h... aliveon — 19... death is said to have occurred on thedate stated above, at 9:30 PM m.  
The principal cause of death and related causes of importance

were as follows:

Stillborn 7mToby —

Other contributory causes of importance:

Name of operation nuc Date of —What test confirmed diagnosis — Was there any autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19...Where did injury occur? — (Specify City or Town, County, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify —(Signed) J. H. Switzer M. D.(Address) Potomac, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic services for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

## EXAMPLE I

The principal cause of death and related causes of importance in order of onset were as follows:		Date of onset
Arteriosclerosis	AUG 3 1937	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Contributory causes of importance not related to principal cause:

Fracture of arm	
Automobile accident	May 3, 1927

## EXAMPLE II

The principal cause of death and related causes of importance in order of onset were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Contributory causes of importance not related to principal cause:		
Influenza		6 weeks ago

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*The County attorney gave authority for this to be used in his office.*